

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40283

FILED DEC 30 1950

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. 116  |  | PRIMARY REG. DIST. NO. 3020   |  | Registrar's No. 180  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Franklin.   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri. b. COUNTY Franklin. |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Washington.   |  | c. LENGTH OF STAY (In this place)<br>1 month.   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Washington.                                  |  | 0362   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.  |  |   |  | d. STREET ADDRESS (If rural, give location)<br>410 W. 3rd St.   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Mary  |  | b. (Middle) J.  |  | c. (Last) Brown.  |  | 4. DATE OF DEATH Dec. 17th, 1950.  |  |
| 5. SEX Female  |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  |  | 8. DATE OF BIRTH Apr. 20th, 1869   |  |
| 9. AGE (In years last birthday) 81   |  | 10. MONTHS 7  |  | 11. DAYS 27   |  | 12. IF UNDER 18 HRS. Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>House-work.   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>X  |  | 11. BIRTHPLACE (State or foreign country)<br>Buffalo, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                                   |  |
| 13a. FATHER'S NAME<br>George Davison.  |  | 13b. MOTHER'S MAIDEN NAME<br>Mary E. Wollard.   |  | 14. NAME OF HUSBAND<br>John A. Brown.   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.  |  | 16. SOCIAL SECURITY NO. None.   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>C. C. Brown Washington, Mo.  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                          |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Infective Endocarditis</i><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Coronary Occlusion</i><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <i>Nov 1, 1950</i> , to <i>Dec. 17, 1950</i> , that I last saw the deceased alive on <i>Dec 16, 1950</i> , and that death occurred at <i>10</i> m., from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><i>C. C. Brown</i>   |  |   |  | 23b. ADDRESS<br><i>Washington Mo.</i>   |  | 23c. DATE SIGNED<br><i>12/18/50</i>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>Dec. 19, 1950.   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Palmetto Cemetery   |  | 24d. LOCATION (City, town, or county) (State)<br>Rogersville, Mo.        |  |
| DATE REC'D BY LOCAL REG.<br><i>Dec. 18, 1950</i>   |  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><i>Rieburg &amp; Vitt, Inc. Washington, Mo.</i>                                     |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE No. 4

DEC 23 1950

RECEIVED

File No.

JUN 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Lester A. Vitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.